

11071198

| | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|--|-----------------------------|--|-------------------------------|--------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| FORM B1 | | United States Bankruptcy Court Western District of New York | | Voluntary Petition | | | | | | | | | | | | | | | | |
| Name of Debtor (if individual, enter Last, First, Middle): Cox, Stephen D. | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | | | | | | | | | | | |
| All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): | | | All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): | | | | | | | | | | | | | | | | | |
| Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9924 | | | Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): | | | | | | | | | | | | | | | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 137 Caroline Street Albion, NY 14411 | | | 04-10967 K | | | | | | | | | | | | | | | | | |
| County of Residence or of the Principal Place of Business: Orleans | | | County of Residence or of the Principal Place of Business: | | | | | | | | | | | | | | | | | |
| Mailing Address of Debtor (if different from street address): | | | Mailing Address of Joint Debtor (if different from street address): | | | | | | | | | | | | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | | | | | | | | | | | | |
| Information Regarding the Debtor (Check the Applicable Boxes) | | | | | | | | | | | | | | | | | | | | |
| Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. | | | | | | | | | | | | | | | | | | | | |
| Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank | | | Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 | | | | | | | | | | | | | | | | | |
| Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business | | | Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3. | | | | | | | | | | | | | | | | | |
| Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional) | | | | | | | | | | | | | | | | | | | | |
| Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | THIS SPACE IS FOR COURT USE ONLY 2004 FEB 17 AM 10:23 U.S. BANKRUPTCY COURT W.D.N.Y. - BUFFALO FILED | | | | | | | | | | | | | | | |
| Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | | 1-15 | 16-49 | 50-99 | 100-199 | 200-999 | 1000-over | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1-15 | 16-49 | 50-99 | 100-199 | 200-999 | | 1000-over | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | More than \$100 million | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Cox, Stephen D.**Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: - None -

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Stephen D. Cox
Signature of Debtor **Stephen D. Cox**X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

211/104
Date

Signature of Attorney

X John C. Gavenda, Esq.
Signature of Attorney for Debtor(s)
JOHN C. GAVENDA, ESQ.

Printed Name of Attorney for Debtor(s)

John C. Gavenda, Esquire

Firm Name

**27 North Platt Street
Albion, NY 14411**

Address

(585) 589-8033 Fax: (585) 589-8034

Telephone Number

2/11/04
Date**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X John C. Gavenda, Esq. 2/11/04
Signature of Attorney for Debtor(s) Date
JOHN C. GAVENDA, ESQ.**Exhibit C**

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**United States Bankruptcy Court
Western District of New York**

In re Stephen D. Cox
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

| | | | AMOUNTS SCHEDULED | | |
|---|----------------------|------------------|-------------------|-------------|----------|
| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 3,850.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims | Yes | 3 | | 5,768.15 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 9 | | 92,410.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 5,114.19 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 5,641.16 |
| Total Number of Sheets of ALL Schedules | | 23 | | | |
| Total Assets | | | 3,850.00 | | |
| Total Liabilities | | | | 98,178.15 | |

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|------------------------------------|---|-------------------------|
|--------------------------------------|---|------------------------------------|---|-------------------------|

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|---|---|--|
| 1. Cash on hand | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Eastman Savings and Loan Route 31 Brockport, New York 14420 | - | 500.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | X | | | |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Miscellaneous Wearing Apparel Location: 137 Caroline Street, Albion NY | - | 150.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| Sub-Total > | | | | 650.00 |
| (Total of this page) | | | | |

2 continuation sheets attached to the Schedule of Personal Property

In re Stephen D. Cox,
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|--|
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize. | X | | | |
| 12. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 13. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 14. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 15. Accounts receivable. | X | | | |
| 16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 17. Other liquidated debts owing debtor including tax refunds. Give particulars. | | 2003 State & Federal Tax Return | - | 1,500.00 |
| 18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | | |
| 19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |

Sub-Total > 1,500.00
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Stephen D. Cox

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|---|---|--|
| 20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 21. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 22. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 23. Automobiles, trucks, trailers, and other vehicles and accessories. | | 1993 Plymouth Location: 137 Caroline Street, Albion NY | - | 1,700.00 |
| 24. Boats, motors, and accessories. | X | | | |
| 25. Aircraft and accessories. | X | | | |
| 26. Office equipment, furnishings, and supplies. | X | | | |
| 27. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 28. Inventory. | X | | | |
| 29. Animals. | X | | | |
| 30. Crops - growing or harvested. Give particulars. | X | | | |
| 31. Farming equipment and implements. | X | | | |
| 32. Farm supplies, chemicals, and feed. | X | | | |
| 33. Other personal property of any kind not already listed. | X | | | |

| | |
|----------------------|----------|
| Sub-Total > | 1,700.00 |
| (Total of this page) | |
| Total > | 3,850.00 |

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Market Value of Property Without Deducting Exemption |
|---|--------------------------------------|----------------------------|--|
| <u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u> | | | |
| Eastman Savings and Loan Route 31 Brockport, New York 14420 | Debtor & Creditor Law § 283(2) | 500.00 | 500.00 |
| <u>Wearing Apparel</u> | | | |
| Miscellaneous Wearing Apparel Location: 137 Caroline Street, Albion NY | NYCPLR § 5205(a)(5) | 150.00 | 150.00 |
| <u>Other Liquidated Debts Owning Debtor Including Tax Refund</u> | | | |
| 2003 State & Federal Tax Return | Debtor & Creditor Law § 283(2) | 1,500.00 | 1,500.00 |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> | | | |
| 1993 Plymouth Location: 137 Caroline Street, Albion NY | Debtor & Creditor Law § 282(1) | 1,700.00 | 1,700.00 |

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor". Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION IF ANY |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|--|--------------------------------|
| | | H W J C | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| | | Value \$ | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| | | Value \$ | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| | | Value \$ | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| | | Value \$ | | | | | |

0 continuation sheets attached

Subtotal
(Total of this page)

Total
(Report on Summary of Schedules)

0.00

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☒ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Alimony, Maintenance, or Support

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R R | H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | TOTAL AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY |
|---|--------------------------------------|------------------|--|--|--|--------------------------------------|--------------------------|-----------------------------------|
| | | | | | | | | |
| Account No. xxx-xx-9924 KERN Child Support Services 1300 18th St Bakersfield, CA 93309 | | | 1987 child support | | X | | 1,603.00 | 1,603.00 |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

1,603.00

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E D E B T O R | H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | TOTAL AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY |
|--|--|------------------|--|--|--|--------------------------------------|--------------------------|-----------------------------------|
| | | | | | | | | |
| Account No. Sxxx-xx-9924 National Payment Center U.S. Department of Education P.O. Box 4169 Greenville, TX 75403-4169 | | | 1987 student loan | | | X | 713.89 | 713.89 |
| Account No. Sxxx-xx-9924 National Payment Center U.S. Department of Education P.O. Box 4169 Greenville, TX 75403-4169 | | | 1987 Student Loan | | | X | 3,451.26 | 3,451.26 |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

4,165.15

Total

5,768.15

(Report on Summary of Schedules)

In re Stephen D. Cox

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR H W J C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|------------------------------|------------------------------------|---|------------|--------------|----------|------------------|
| | | | | | | | |
| Account No. xxx8442 Academy Collections Service 10965 Decatur Road Philadelphia, PA 19154 | - | | 1998 collection agent for Capital One | | X | | 1,000.00 |
| Account No. 319210 Advanced Imaging Associates, Inc. 6420 Transit Road Depew, NY 14043 | - | | 7/02 medical service for debtor | | X | | 500.00 |
| Account No. xxxx3456 Arrow Financial Services P.O. Box 469005 Chicago, IL 60646-9005 | - | | 2001 collection for Charter One | | X | | 500.00 |
| Account No. C.B.J. Credit Recovery P.O. Box 842 Jamestown, NY 14702 | - | | 7/02 collection for Lakeside Memorial Hospital | | X | | 10,000.00 |
| Subtotal (Total of this page) | | | | | | | 12,000.00 |

8 continuation sheets attached

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E | D E B T O R | H U S B A N D | W I F E | J O I N T | O R | C O M M U N I T Y | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|------------------|----------------------------|---------------------------------|------------------|-----------------------|--------|---|---|--|--|--------------------------------------|-----------------|
| Account No. | | | | | | | | 7/02 collection for Dr. Schirck | | | | 830.00 |
| C.B.J. Credit Recovery P.O. Box 842 Jamestown, NY 14702 | | | - | | | | | | | X | | |
| Account No. xxxx-xxxx-xxxx-9522 | | | | | | | | 1998 Credit card purchases | | | | 1,000.00 |
| Capital One Bank P.O. Box 26074 Richmond, VA 23260 | | | - | | | | | | | X | | |
| Account No. xxxxxx7117 | | | | | | | | 2001 Credit card purchases | | | | 500.00 |
| Charter One P.O. Box 20361 Rochester, NY 14602 | | | - | | | | | | | X | | |
| Account No. xxxxxxx2203 | | | | | | | | 6/02 collection for Dr. LaPage | | | | 2,500.00 |
| Credit Bureau Service - 70 821 Pre Emption Road Building 100 Geneva, NY 14456-2061 | | | - | | | | | | | X | | |
| Account No. xxxxxx1511 | | | | | | | | 2000 Credit card purchases | | | | 750.00 |
| Cross Country Bank P.O. Box 310730 Boca Raton, FL 33431-0730 | | | - | | | | | | | X | | |
| Subtotal | | | | | | | | | | | | 5,580.00 |
| (Total of this page) | | | | | | | | | | | | |

Sheet no. 1 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E D E B T O R | H W J C | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--|------------------|---|--|--|--------------------------------------|------------------|
| | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. 3892 Dr. Phillip Schirck Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | | - | 7/02 medical service for debtor | | X | | 830.00 |
| Account No. Edward Galan 6 Sweden Lane Brockport, NY 14420 | | - | 1/04 personal loan | | X | | 1,600.00 |
| Account No. xxxxxxxxxxxx4648 Household Tax Masters P.O. Box 17037 Baltimore, MD 21297-1037 | | - | 4/98 service for debtor | | X | | 800.00 |
| Account No. xx7986 Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | | - | 6/02 medical services for debtor | | X | | 7,000.00 |
| Account No. xxxxxx0001 Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | | - | 6/02 medical services for debtor | | X | | 10,000.00 |
| Subtotal (Total of this page) | | | | | | | 20,230.00 |

Sheet no. 2 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E D E B I T O R | H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---|--|---|--|--|--------------------------------------|------------------|
| | | | | | | | |
| Account No. 2047390001 | | | 7/02 medical service for debtor | | | | 10,000.00 |
| Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | - | | | | X | | |
| Account No. 3892 | | | 7/02 medical service for debtor | | | | 1,000.00 |
| Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | - | | | | X | | |
| Account No. | | | 2002 medical services for debtor | | | | 2,400.00 |
| Ling S. Ong, M.D. 224 Alexander Street Rochester, NY 14607 | - | | | | X | | |
| Account No. xxxx4805 | | | 1998 collection for Capital One | | | | 1,000.00 |
| M.R.S. Associates, Inc. 3 Executive Campus Suite 400 Cherry Hill, NJ 08002 | - | | | | X | | |
| Account No. | | | 2000 collection for Cross Country Bank | | | | 750.00 |
| MCM P.O. Box 939019 San Diego, CA 92193 | - | | | | X | | |
| Subtotal (Total of this page) | | | | | | | 15,150.00 |

Sheet no. **3** of **8** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E D E B T O R | H W J C | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--|------------------|---|--|--|--------------------------------------|-----------------|
| | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | 6/02 | | | | |
| Metropolitan Collections Agency P.O. Box 18637 Rochester, NY 14618 | | - | collection for Ling S. Ong, MD | | X | | 2,400.00 |
| Account No. xxxxxx7226 | | | 12/02 | | | | |
| Niagara Mohawk 300 Erie Boulevard West Syracuse, NY 13252 | | - | service for debtor | | X | | 500.00 |
| Account No. x6149 | | | 2002 | | | | |
| Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | | - | medical services for debtor | | X | | 100.00 |
| Account No. 34578 | | | 2002 | | | | |
| Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | | - | medical services for debtor | | X | | 200.00 |
| Account No. 34578 | | | 2002 | | | | |
| Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | | - | medical services for debtor | | X | | 100.00 |
| Subtotal (Total of this page) | | | | | | | 3,300.00 |

Sheet no. 4 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | H W J C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | | | | | | | |
| Account No. | | | | 12/90 collection for Rochester Telephone Co. | | | | |
| Paul M. Aloj, Esquire 1596 Monroe Avenue Rochester, NY 14618 | | - | | | | X | | 5,000.00 |
| Account No. | | | | 6/02 collection for Lakeside Memorial Hospital | | | | |
| Pioneer Credit Recovery P.O. Box 68 Arcade, NY 14009 | | - | | | | X | | 10,000.00 |
| Account No. Ax3543 | | | | 2002 Credit card purchases | | | | |
| Providian FBCS 841 East Hunting Park Ave Philadelphia, PA 19124-4824 | | - | | | | X | | 800.00 |
| Account No. | | | | 2002 Credit card purchases | | | | |
| Rentway 50 North Main Street Albion, NY 14411 | | - | | | | X | | 100.00 |
| Account No. 204739L | | | | 6/21/02 Medical Services | | | | |
| Rochester Radiology 2136 File Mile Line Road Penfield, NY 14526 | | - | | | | X | | 50.00 |

Sheet no. 5 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **15,950.00**

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R R | H W J C | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------|---|--|--|--------------------------------------|-----------------|
| | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | 12/90 telephone service for debtor | | | | |
| Rochester Telephone Company 180 S. Clinton Avenue Rochester, NY 14646 | | - | | | X | | 5,000.00 |
| Account No. 1a02034271 | | | 6/02 Medical Services | | | | |
| Rural Metro Ambulance P.O. Box 6674 New York, NY 10249-6674 | | - | | | X | | 850.00 |
| Account No. | | | 2002 collection for Providian | | | | |
| Simm Associates P.O. Box 7526 Newark, DE 19714 | | - | | | X | | 800.00 |
| Account No. | | | 2002 collection for Oak Orchard Community Health Center | | | | |
| Superior Collection P.O. Box 305 Hamlin, NY 14464 | | - | | | X | | 100.00 |
| Account No. | | | 2002 collection for Oak Orchard Community Health Center | | | | |
| Superior Collection P.O. Box 305 Hamlin, NY 14464 | | - | | | X | | 200.00 |
| Subtotal (Total of this page) | | | | | | | 6,950.00 |

Sheet no. 6 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R R | H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------|---|--|--|--------------------------------------|-----------------|
| | | | | | | | |
| Account No. | | | 2002 collection for Oak Orchard Community Health Center | | | | 100.00 |
| Superior Collection P.O. Box 305 Hamlin, NY 14464 | | - | | | X | | |
| Account No. | | | 6/02 collection for Parma Health Center | | | | 450.00 |
| Superior Collection P.O. Box 305 Hamlin, NY 14464 | | - | | | X | | |
| Account No. 2446000 | | | 6/02 collection for ACM Medical Laboratory | | | | 175.00 |
| The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | | - | | | X | | |
| Account No. xxx9699 | | | 3/98 collection for Monroe Radiology/Lakeside OP | | | | 75.00 |
| The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | | - | | | X | | |
| Account No. 1635582 | | | 2/95 collection for Wegmans Credit Dept | | | | 100.00 |
| The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | | - | | | X | | |
| Subtotal (Total of this page) | | | | | | | 900.00 |

Sheet no. 7 of 8 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **Stephen D. Cox**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R R | H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|--|---|--|--|--------------------------------------|-----------------|
| | | | | | | | |
| Account No. xxx1363 The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | | - | 2002 Collection for Rochester General Hospital | | X | | 9,500.00 |
| Account No. 3752523 The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | | - | 6/02 collection for Rural Metro Medical Service | | X | | 850.00 |
| Account No. 18907 Theodore L. LaPage 2664 Ridgeway Avenue Rochester, NY 14626 | | - | 6/02 medical services for debtor | | X | | 2,000.00 |
| Account No. | | | | | | | |
| Account No. | | | | | | | |

Sheet no. **8** of **8** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

| | |
|---|-----------|
| Subtotal (Total of this page) | 12,350.00 |
| Total (Report on Summary of Schedules) | 92,410.00 |

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0 continuation sheets attached to Schedule of Codebtors

In re Stephen D. Cox

Case No. _____

Debtor

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| | | |
|---|---|--|
| Debtor's Marital Status: Divorced | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP None. | AGE |
| EMPLOYMENT: | | |
| DEBTOR | | SPOUSE |
| Occupation | Health Provider Assistant | bus drivers |
| Name of Employer | New York State School for the Blind | STMS |
| How long employed | 1.5 years | |
| Address of Employer | 3A Richmond Avenue Batavia, NY 14020 | State Street Albion, NY 14411 |

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify)

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance
(Specify) **VA Disability**

Pension or retirement income

Other monthly income
(Specify)

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME \$ **5,114.19**

DEBTOR

SPOUSE

| | | | |
|----|-----------------|----|-----------------|
| \$ | 2,046.50 | \$ | 4,359.34 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 2,046.50 | \$ | 4,359.34 |
| \$ | 545.65 | \$ | 850.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 545.65 | \$ | 850.00 |
| \$ | 1,500.85 | \$ | 3,509.34 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 104.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 0.00 | \$ | 0.00 |
| \$ | 1,604.85 | \$ | 3,509.34 |

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Debtor

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☒ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | | |
|--|-----------|------------------------|
| Rent or home mortgage payment (include lot rented for mobile home) | \$ | <u>100.00</u> |
| Are real estate taxes included? Yes _____ No <u>X</u> | | |
| Is property insurance included? Yes _____ No <u>X</u> | | |
| Utilities: Electricity and heating fuel | \$ | <u>0.00</u> |
| Water and sewer | \$ | <u>0.00</u> |
| Telephone | \$ | <u>0.00</u> |
| Other _____ | \$ | <u>0.00</u> |
| Home maintenance (repairs and upkeep) | \$ | <u>0.00</u> |
| Food | \$ | <u>215.00</u> |
| Clothing | \$ | <u>25.00</u> |
| Laundry and dry cleaning | \$ | <u>10.00</u> |
| Medical and dental expenses | \$ | <u>40.00</u> |
| Transportation (not including car payments) | \$ | <u>172.00</u> |
| Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | <u>200.00</u> |
| Charitable contributions | \$ | <u>10.00</u> |
| Insurance (not deducted from wages or included in home mortgage payments) | | |
| Homeowner's or renter's | \$ | <u>0.00</u> |
| Life | \$ | <u>0.00</u> |
| Health | \$ | <u>0.00</u> |
| Auto | \$ | <u>171.00</u> |
| Other _____ | \$ | <u>0.00</u> |
| Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) _____ | \$ | <u>0.00</u> |
| Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.) | | |
| Auto | \$ | <u>0.00</u> |
| Other <u>union dues</u> | \$ | <u>25.00</u> |
| Other <u>Lunches at work</u> | \$ | <u>107.50</u> |
| Other _____ | \$ | <u>0.00</u> |
| Alimony, maintenance, and support paid to others | \$ | <u>484.00</u> |
| Payments for support of additional dependents not living at your home | \$ | <u>0.00</u> |
| Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | <u>0.00</u> |
| Other <u>Auto repair</u> | \$ | <u>50.00</u> |
| Other <u>Hair care</u> | \$ | <u>10.00</u> |
| TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) | \$ | <u>1,619.50</u> |

[FOR CHAPTER 12 AND 13 DEBTORSONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

| | | |
|---|----|------------|
| A. Total projected monthly income | \$ | <u>N/A</u> |
| B. Total projected monthly expenses | \$ | <u>N/A</u> |
| C. Excess income (A minus B) | \$ | <u>N/A</u> |
| D. Total amount to be paid into plan each _____ | \$ | <u>N/A</u> |

(interval)

In re Stephen D. Cox
Debtor

Case No. _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
(Spouse's Schedule)

| | |
|--|--------------------|
| Rent or home mortgage payment (include lot rented for mobile home) | \$ <u>759.18</u> |
| Are real estate taxes included? Yes _____ No <u>X</u> | |
| Is property insurance included? Yes _____ No <u>X</u> | |
| Utilities: Electricity and heating fuel | \$ <u>338.00</u> |
| Water and sewer | \$ <u>60.00</u> |
| Telephone | \$ <u>50.00</u> |
| Other <u>cell phone</u> | \$ <u>70.00</u> |
| Home maintenance (repairs and upkeep) | \$ <u>0.00</u> |
| Food | \$ <u>280.00</u> |
| Clothing | \$ <u>25.00</u> |
| Laundry and dry cleaning | \$ <u>0.00</u> |
| Medical and dental expenses | \$ <u>10.00</u> |
| Transportation (not including car payments) | \$ <u>150.00</u> |
| Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ <u>0.00</u> |
| Charitable contributions | \$ <u>0.00</u> |
| Insurance (not deducted from wages or included in home mortgage payments) | |
| Homeowner's or renter's | \$ <u>0.00</u> |
| Life | \$ <u>0.00</u> |
| Health | \$ <u>46.08</u> |
| Auto | \$ <u>145.26</u> |
| Other <u>IRS</u> | \$ <u>35.00</u> |
| Taxes (not deducted from wages or included in home mortgage payments) | |
| (Specify) <u>property taxes</u> | \$ <u>112.14</u> |
| Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.) | |
| Auto | \$ <u>0.00</u> |
| Other <u>cable tv</u> | \$ <u>70.00</u> |
| Other <u>internet service</u> | \$ <u>40.00</u> |
| Other <u>ADT Security Service</u> | \$ <u>36.00</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0.00</u> |
| Payments for support of additional dependents not living at your home | \$ <u>0.00</u> |
| Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ <u>0.00</u> |
| Other <u>ESL Loan & Key Bank Loan</u> | \$ <u>350.00</u> |
| Other <u>credit cards</u> | \$ <u>1,445.00</u> |
| TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) | \$ <u>4,021.66</u> |

United States Bankruptcy Court
Western District of New York

In re Stephen D. Cox
Debtor(s)

Case No. _____
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets [total shown on summary page plus 1], and that they are true and correct to the best of my knowledge, information, and belief.

Date 2/11/04

Signature Stephen D. Cox
Stephen D. Cox
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Western District of New York

In re Stephen D. Cox

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE (if more than one) |
|-------------|---------------------------|
| \$18,000.00 | 2002 - wages |
| \$22,000.00 | 2003 - wages |

2. Income other than from employment or operation of business

None
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------|--------|
|--------|--------|

3. Payments to creditors

- None ☒ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|--|---|-------------|--------------------|
| None <input checked="" type="checkbox"/> | b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | | |

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|-----------------|-------------|--------------------|
|---|-----------------|-------------|--------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|--|--|------------------------------|---|
| Rochester Telephone Co. v. Stephen Cox | civil suit for paymen for past service | Monroe County Supreme Court | Rochester Telephone seizing ES&L Bank Account |

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------|-----------------------------------|
|--|-----------------|-----------------------------------|

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|--|--|-----------------------------------|
|--|--|-----------------------------------|

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|--------------------|-----------------------------------|
|------------------------------|--------------------|-----------------------------------|

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|--|
| John C. Gavenda, Esquire 27 North Platt Street Albion, NY 14411 | 1/04 | \$800.00 |

10. Other transfers

- None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|------|---|
|---|------|---|

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
|---------------------------------|--|------------------------------------|

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor

- None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

18. Nature, location and name of business

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

| NAME | TAXPAYER I.D. NO. (EIN) | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|-------------------------|---------|--------------------|----------------------------|
|------|-------------------------|---------|--------------------|----------------------------|

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

DATES SERVICES RENDERED

NAME AND ADDRESS

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

DATES SERVICES RENDERED

NAME

ADDRESS

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

DATE OF INVENTORY

INVENTORY SUPERVISOR

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER |
|----------------------------|--------------------------------|
|----------------------------|--------------------------------|

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER |
|----------------------|--------------------------------|
|----------------------|--------------------------------|

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 2/11/04

Signature 
 Stephen D. Cox
 Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Western District of New York

In re Stephen D. Cox
Debtor(s)

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. *Property to Be Surrendered.*

Description of Property
-NONE-

Creditor's name

b. *Property to Be Retained*

[Check any applicable statement.]

| | Description of Property | Creditor's Name | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
|----|-------------------------|-----------------|-------------------------------------|--|---|
| 1. | personal loan | Edward Galan | | | X |

Date 2/11/04

Signature Steph Cox
Stephen D. Cox
Debtor

**United States Bankruptcy Court
Western District of New York**

In re Stephen D. Cox

Debtor(s)

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|--|----|---------------|
| For legal services, I have agreed to accept..... | \$ | <u>800.00</u> |
| Prior to the filing of this statement I have received..... | \$ | <u>800.00</u> |
| Balance Due..... | \$ | <u>0.00</u> |

2. \$ 209.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

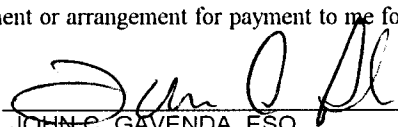
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 2/11/04


JOHN C. GAVENDA, ESQ.
John C. Gavenda, Esquire
27 North Platt Street
Albion, NY 14411
(585) 589-8033 Fax: (585) 589-8034

**United States Bankruptcy Court
Western District of New York**

In re Stephen D. Cox
Debtor

Case No. _____

Chapter 7

Numbered Listing of Creditors

| Creditor name and mailing address | | Category of Claim | Amount of Claim |
|-----------------------------------|--|----------------------------------|-----------------|
| 1. | Academy Collections Service 10965 Decatur Road Philadelphia, PA 19154 | Unsecured claims Unliquidated | 1,000.00 |
| 2. | Advanced Imaging Associates, Inc. 6420 Transit Road Depew, NY 14043 | Unsecured claims Unliquidated | 500.00 |
| 3. | Arrow Financial Services P.O. Box 469005 Chicago, IL 60646-9005 | Unsecured claims Unliquidated | 500.00 |
| 4. | C.B.J. Credit Recovery P.O. Box 842 Jamestown, NY 14702 | Unsecured claims Unliquidated | 10,000.00 |
| 5. | C.B.J. Credit Recovery P.O. Box 842 Jamestown, NY 14702 | Unsecured claims Unliquidated | 830.00 |
| 6. | Capital One Bank P.O. Box 26074 Richmond, VA 23260 | Unsecured claims Unliquidated | 1,000.00 |
| 7. | Charter One P.O. Box 20361 Rochester, NY 14602 | Unsecured claims Unliquidated | 500.00 |
| 8. | Credit Bureau Service - 70 821 Pre Emption Road Building 100 Geneva, NY 14456-2061 | Unsecured claims Unliquidated | 2,500.00 |
| 9. | Cross Country Bank P.O. Box 310730 Boca Raton, FL 33431-0730 | Unsecured claims Unliquidated | 750.00 |
| 10. | Dr. Phillip Schirck Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 830.00 |
| 11. | Edward Galan 6 Sweden Lane Brockport, NY 14420 | Unsecured claims Unliquidated | 1,600.00 |
| 12. | Household Tax Masters P.O. Box 17037 Baltimore, MD 21297-1037 | Unsecured claims Unliquidated | 800.00 |

In re **Stephen D. Cox**

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

| | Creditor name and mailing address | Category of Claim | Amount of Claim |
|-----|---|--|------------------|
| 13. | KERN Child Support Services 1300 18th St Bakersfield, CA 93309 | Priority claims Unliquidated | 1,603.00 |
| 14. | Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 7,000.00 |
| 15. | Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 10,000.00 |
| 16. | Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 10,000.00 |
| 17. | Lakeside Memorial Hospital 156 West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 1,000.00 |
| 18. | Ling S. Ong, M.D. 224 Alexander Street Rochester, NY 14607 | Unsecured claims Unliquidated | 2,400.00 |
| 19. | M.R.S. Associates, Inc. 3 Executive Campus Suite 400 Cherry Hill, NJ 08002 | Unsecured claims Unliquidated | 1,000.00 |
| 20. | MCM P.O. Box 939019 San Diego, CA 92193 | Unsecured claims Unliquidated | 750.00 |
| 21. | Metropolitan Collections Agency P.O. Box 18637 Rochester, NY 14618 | Unsecured claims Unliquidated | 2,400.00 |
| 22. | National Payment Center U.S. Department of Education P.O. Box 4169 Greenville, TX 75403-4169 | Priority claims Unliquidated | 713.89 |
| 23. | National Payment Center U.S. Department of Education P.O. Box 4169 Greenville, TX 75403-4169 | Priority claims Unliquidated | 3,451.26 |
| 24. | Niagara Mohawk 300 Erie Boulevard West Syracuse, NY 13252 | Unsecured claims Unliquidated | 500.00 |

In re **Stephen D. Cox**

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

| | Creditor name and mailing address | Category of Claim | Amount of Claim |
|-----|---|----------------------------------|-----------------|
| 25. | Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 100.00 |
| 26. | Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 200.00 |
| 27. | Oak Orchard Community Health Center West Avenue Brockport, NY 14420 | Unsecured claims Unliquidated | 100.00 |
| 28. | Paul M. Aloï, Esquire 1596 Monroe Avenue Rochester, NY 14618 | Unsecured claims Unliquidated | 5,000.00 |
| 29. | Pioneer Credit Recovery P.O. Box 68 Arcade, NY 14009 | Unsecured claims Unliquidated | 10,000.00 |
| 30. | Providian FBCS 841 East Hunting Park Ave Philadelphia, PA 19124-4824 | Unsecured claims Unliquidated | 800.00 |
| 31. | Rentway 50 North Main Street Albion, NY 14411 | Unsecured claims Unliquidated | 100.00 |
| 32. | Rochester Radiology 2136 File Mile Line Road Penfield, NY 14526 | Unsecured claims Unliquidated | 50.00 |
| 33. | Rochester Telephone Company 180 S. Clinton Avenue Rochester, NY 14646 | Unsecured claims Unliquidated | 5,000.00 |
| 34. | Rural Metro Ambulance P.O. Box 6674 New York, NY 10249-6674 | Unsecured claims Unliquidated | 850.00 |
| 35. | Simm Associates P.O. Box 7526 Newark, DE 19714 | Unsecured claims Unliquidated | 800.00 |
| 36. | Superior Collection P.O. Box 305 Hamlin, NY 14464 | Unsecured claims Unliquidated | 100.00 |
| 37. | Superior Collection P.O. Box 305 Hamlin, NY 14464 | Unsecured claims Unliquidated | 200.00 |

In re **Stephen D. Cox**

Case No. _____

Debtor

Numbered Listing of Creditors
(Continuation Sheet)

| Creditor name and mailing address | Category of Claim | Amount of Claim |
|---|----------------------------------|-----------------|
| 38. Superior Collection P.O. Box 305 Hamlin, NY 14464 | Unsecured claims Unliquidated | 100.00 |
| 39. Superior Collection P.O. Box 305 Hamlin, NY 14464 | Unsecured claims Unliquidated | 450.00 |
| 40. The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | Unsecured claims Unliquidated | 175.00 |
| 41. The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | Unsecured claims Unliquidated | 75.00 |
| 42. The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | Unsecured claims Unliquidated | 100.00 |
| 43. The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | Unsecured claims Unliquidated | 9,500.00 |
| 44. The Credit Bureau P.O. Box 31131 Rochester, NY 14603 | Unsecured claims Unliquidated | 850.00 |
| 45. Theodore L. LaPage 2664 Ridgeway Avenue Rochester, NY 14626 | Unsecured claims Unliquidated | 2,000.00 |

DECLARATION

I, the above-named Debtor, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors and that it is true and correct to the best of my information and belief.

Date 2/11/04

Signature

Stephen D. Cox

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

United States Bankruptcy Court
Western District of New York

04-10967

In re Stephen D. Cox

Debtor(s)

Case No.

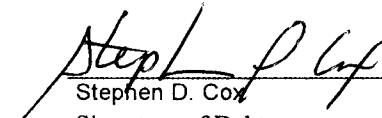
Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date:

2/11/04


Stephen D. Cox
Signature of Debtor

Academy Collections Service
10965 Decatur Road
Philadelphia, PA 19154

Advanced Imaging Associates, Inc.
6420 Transit Road
Depew, NY 14043

Arrow Financial Services
P.O. Box 469005
Chicago, IL 60646-9005

C.B.J. Credit Recovery
P.O. Box 842
Jamestown, NY 14702

Capital One Bank
P.O. Box 26074
Richmond, VA 23260

Charter One
P.O. Box 20361
Rochester, NY 14602

Credit Bureau Service - 70
821 Pre Emption Road
Building 100
Geneva, NY 14456-2061

Cross Country Bank
P.O. Box 310730
Boca Raton, FL 33431-0730

Dr. Phillip Schirck
Lakeside Memorial Hospital
156 West Avenue
Brockport, NY 14420

Edward Galan
6 Sweden Lane
Brockport, NY 14420

Household Tax Masters
P.O. Box 17037
Baltimore, MD 21297-1037

KERN
Child Support Services
1300 18th St
Bakersfield, CA 93309

Lakeside Memorial Hospital
156 West Avenue
Brockport, NY 14420

Ling S. Ong, M.D.
224 Alexander Street
Rochester, NY 14607

M.R.S. Associates, Inc.
3 Executive Campus
Suite 400
Cherry Hill, NJ 08002

MCM
P.O. Box 939019
San Diego, CA 92193

Metropolitan Collections Agency
P.O. Box 18637
Rochester, NY 14618

National Payment Center
U.S. Department of Education
P.O. Box 4169
Greenville, TX 75403-4169

Niagara Mohawk
300 Erie Boulevard West
Syracuse, NY 13252

Oak Orchard Community Health Center
West Avenue
Brockport, NY 14420

Paul M. Aloï, Esquire
1596 Monroe Avenue
Rochester, NY 14618

Pioneer Credit Recovery
P.O. Box 68
Arcade, NY 14009

Providian
FBCS
841 East Hunting Park Ave
Philadelphia, PA 19124-4824

Rentway
50 North Main Street
Albion, NY 14411

Rochester Radiology
2136 File Mile Line Road
Penfield, NY 14526

Rochester Telephone Company
180 S. Clinton Avenue
Rochester, NY 14646

Rural Metro Ambulance
P.O. Box 6674
New York, NY 10249-6674

Simm Associates
P.O. Box 7526
Newark, DE 19714

Superior Collection
P.O. Box 305
Hamlin, NY 14464

The Credit Bureau
P.O. Box 31131
Rochester, NY 14603

Theodore L. LaPage
2664 Ridgeway Avenue
Rochester, NY 14626